Exhibit 2

19 of 292 DOCUMENTS

FD (Fair Disclosure) Wire

September 11, 2013 Wednesday

TRANSCRIPT: 091113a5169349.749

LENGTH: 5040 words

HEADLINE: Johnson & Johnson at Morgan Stanley Healthcare Conference - Final

BODY:

Corporate Participants

* Louise Mehrotra

Johnson & Johnson - VP of IR

* Dominic Caruso

Johnson & Johnson - VP, Finance & CFO

Conference Call Participants

* David Lewis

Morgan Stanley - Analyst

Presentation

DAVID LEWIS, ANALYST, MORGAN STANLEY: My name is David Lewis, a medical device analyst here at Morgan Stanley. Thanks for joining us here for this morning session. Obviously, please, go to the Morgan Stanley research website and see my disclosures to learn fun, interesting facts about me.

It is my pleasure to have two people from Johnson & Johnson with us today, one obviously the CFO, Dominic Caruso, and Louise Mehrotra, VP of Investor Relations. We are going to get to prepared remarks; Louise is going to give us some Safe Harbor statements that won't surprise anyone in this room. And Dominick is going to give us some preamble on J&J, then we're going to jump into Q&A. So with that, Louise.

LOUISE MEHROTRA, VP OF IR, JOHNSON & JOHNSON: Before we begin may I remind

you that some of the statements made today may be considered forward-looking statements. I would ask everyone to refer to our SEC filings including our 10-K for 2012; it identifies certain risk factors that could cause our forward-looking statements to differ materially from actual results. The Company does not undertake to update any forward-looking statements. Thank you, David. And Dominic?

DOMINIC CARUSO, VP, FINANCE & CFO, JOHNSON & JOHNSON: Sure, thanks, Louise, and good morning, everyone, nice to see many of you again. You know our Company very well, I assume, so I won't take too much time to give you a broad overview. Except to say that, as you know, we are the world's largest healthcare Company and this year I'm proud to say we are off to a great start for the first six months. If you looked at our sales and earnings for the first six months, very good performance, primarily driven by our pharma business and also good EPS performance.

So last year our sales were at $67 billion, through the first half of this year we are at $35 billion for the first half of the year. We have a couple key short-term priorities, three of them in particular that I will mention, which our CEO has made very clear and you should hear us talk about that all the time, these things all the time. One is to restore reliable supply and re-launch our OTC brands. I'm happy to say that is moving along as planned. And our US OTC business, for example, was up about 20% in the second quarter.

The second priority, short-term priority is to successfully integrate the Synthes acquisition which we closed in June of 2012. We are progressing well there and we just completed the final stage of the share repurchase program that was instituted as part of that acquisition strategy. You may remember we did in Accelerated Share Repurchase program and then the banks were repurchasing shares in the marketplace, that completed in the middle of August or thereabouts. And then the integration is going well.

And then thirdly, we want to continue the momentum in our pharmaceutical business. And that business has done extremely well, it is now the fastest growing global pharmaceutical business of the top 10 pharmaceutical businesses in the world, very proud of it. Good product choices, good execution and clinical development and exceptional execution in the commercial rollout of these particular products.

So that is all going well and let me turn it over to David and we will take any questions you have as well.

Questions and Answers

DAVID LEWIS: Great, Louise, Dominic, thank you very much. So this has unquestionably been a good year for J&J, I don't think anyone could argue that driven on the strength of pharma. In recent weeks we have seen the stock underperform which has driven this process of let's think of some theories for why J&J has underperformed in August.

Some of those theories could be it is a yield driven stock and there has been a trade out of yield driven securities. And the other theory really is there's going to be competition coming from some of your pharmaceutical products namely [doxepin] competing with XARELTO and ZYTIGA competition.

Maybe talk us through some of these. I am going to start there and we will

progress obviously through other parts of the business. But maybe talk about how you see J&J relative to some of these issues. Do you think the yield driven dynamic had an impact on the stock? And more specifically I want to spend time on XARELTO and ZYTIGA.

DOMINIC CARUSO: So I think it is a good observation, David, and in fact I do think that the yield dynamic had some impact on the stock. We were performing very well through the first half of the year. When I compared our performance to the higher yielding dividend payers we were all exceeding market performance. We were even exceeding those players.

I think that there is in fact some concern, as you pointed out, about competition and the momentum in pharmaceuticals; as I said earlier, it is one of our key priorities. So we are very much focused on it.

As you move over to the specifics that you asked me about with two particular compounds coming in the marketplace as potential competition, I don't want to make light of competition, I think we get competition seriously. But we have seen competitive threats in our market-leading products before and we've been very successful at defending our position in continuing to growth these brands.

So with respect to XARELTO, the competitor now is yet another competitor on the horizon. We had heard about, Pradaxa and Eliquis, [Excedra]. And we have managed to do well despite those competitors. I think we'll do well despite the new competitor. And that has to do with the profile of the product.

The profile of the product has a very deep clinical base, it is approved in six indications already. It is already exceeded warfarin, the long-standing product in the category. When you look at cardiologists, the new to brand share for XARELTO has now exceeded warfarin, so that is a great sign. And it actually has the convenience of once-a-day dosing compared to other dosing regimens and a new competitor obviously has a start-up injection phase.

So we think the product itself is well-positioned in the marketplace, good, strong, clinical data and great execution by our commercial team. We won't take any competition lightly, but I feel pretty good about our ability to continue to successfully compete.

With ZYTIGA, ZYTIGA has done extremely well in the marketplace. Again, we had competitors in Provenge and now Xtandi. Good products, they benefit patients. ZYTIGA has done remarkably well in the face of those two new competitors and now we have just announced the acquisition of Aragon which has another androgen receptor antagonist product that we believe will be complementary to ZYTIGA.

And in the space of prostate cancer our research team is viewing that is on a product specific approach but a comprehensive approach to the disease state. And so I feel very good that we will be able to continue to defend our position in prostate cancer and, more importantly, expand our position in oncology with prostate cancer is one of the leading areas that we will do so in.

DAVID LEWIS: Okay, very helpful, Dominic. And R&D returns has been one of my favorite topics with you over the years. And I felt like several years ago there was pressure on J&J to bring down R&D as a percent of sales in pharmaceuticals. I think that pressure has waned with shareholders in light of the fact that you have done so well.

My further question is, has your philosophy about how to spend in R&D and pharma changed because of the success in pharma? I know you and I have talked about recently you really feel that the returns on the investment you're making now in pharma are so significant why would you not keep on investing in this way? So has your philosophy changed or are we just be more successful now?

DOMINIC CARUSO: No, I don't think the philosophy has changed. I mean we have always been a Company that is focused on capital efficiency, so deploying our capital in a way that is most efficient, and by doing so there is obviously a risk/reward profile. The pharmaceutical business I think deserves a lot of credit because they have appropriately looked at the various compounds that we have essentially licensed in and created in each and every case the appropriate risk/reward profile we believe for that compound in that particular business development deal.

In some cases it was an outright acquisition ZYTIGA through the acquisition of Cougar; in other cases it is a partnership or collaboration arrangement like we have with XARELTO and like of course like we have with even new compounds such as ibrutinib which we expect to hear shortly from the FDA on here with respect to that accelerated approval for that product.

So the philosophy hasn't changed, but I think the success of deploying that strategy gives us more confidence in continuing to invest in our internal R&D efforts within pharma, which is quite frankly a different strategy than many of our competitors have undertaken. But I believe the results speak for themselves.

And although we are above market in terms of investment in R&D in our pharmaceutical business, if you look at really the specialty area that we have in R&D with Biologics, etc., and pharma, it requires that kind of investment and I'm happy with the returns we are getting. So let's keep it up.

DAVID LEWIS: Okay. So there is -- let me push (inaudible) returns here. There's a couple different ways of getting at pharmaceutical returns, there is R&D driven returns and there's obviously balance sheet driven returns. Take prostate cancer, that disease therapy is pretty interesting to me because you built that therapy -- Cougar, Aragon, $1.5 billion, $1.7 billion and now you're in that therapy and the returns on ZYTIGA have been very, very good.

How do think about those types of transactions when you're getting R&D -- you're getting R&D efficiency, smaller $1 billion, $500 million type transactions to build the portfolio versus transactions we're seeing out there like in the case of Onyx. Where is J&J more likely to go here on a go-forward basis in pharma?

DOMINIC CARUSO: So, overall our approach is let's invest appropriately with an appropriate consideration for the risk and therefore the hurdle rate or the IRR that we require has to be commensurate with that risk profile.

If we can achieve a very strong return with multiple bets, so we have virtually unlimited resources. So if we did, just to pick a number, we did a $10 billion deal that has a certain risk profile, if we did 10 $1 billion they have a certain risk profile.

So we view these independently of the particular -- we view it the same way in pharma, MD&D and consumer, so it is not a particular focus on pharma. But we don't think of size necessarily as the criteria for whether or not we do a deal.

It is all about whether or not we are creating value for our shareholders with appropriate return given the risk associated with getting that return. And then we deploy capital, whatever the size of the capital is, in those areas that we think have the best risk/reward profile.

DAVID LEWIS: Okay. Any questions for Dominic? So maybe turning questions to another growth driver for pharma -- did I miss a question? Sorry. No, they just want to hear me sit up here and talk to you.

So the next critical growth story heading into next year and begetting in this year is INVOKANA, and you talked about with the case of prostate you are building disease therapy. And I think what is interesting about the diabetes category for you is you've always talked about if you can find drug device collaborations or find ways of leveraging a disease therapy across J&J you're obviously very interested in those areas.

You have talked about with INVOKANA this idea that because you are a big player in diabetes it sort of helped in the launch of commercialization of that drug. Maybe talk about do you really believe that it is helping the commercialization? And do you think INVOKANA is running at, below or ahead of expectations here so far in the launch?

DOMINIC CARUSO: Okay. Well I do think it has helped, I do think that the compound itself -- back to my earlier comment about the compounds that you asked me about earlier in the discussion -- I do think that the compound itself has a phenomenal clinical profile. So eight clinical trials, head-to-head competition against the market leader, a great safety profile, other benefits such as weight loss, etc.

So I think having an exquisite product quite frankly makes the job easier. Having a presence in the endocrinologist's office with our LifeScan diabetes franchise, then of course we can benefit from that and we have.

So I think the product itself is doing well because of the product. I think the launch is doing very well because of not only the product but because of our commercial presence already. And in terms of whether or not it is doing above or below, we had very good expectations for that product and we are tracking ahead of those expectations.

DAVID LEWIS: Okay, very helpful. And I'm probably not going to get much here, but ibrutinib, I tried to push you on the second-quarter call. Obviously fast-track status and that is pretty rare these days with the regulatory agency. Any chance or any update since the second quarter in terms of maybe seeing that approval earlier on or later part of this year as opposed to early part of next year?

DOMINIC CARUSO: I really can't give you an update. It would be best to ask the FDA directly --

DAVID LEWIS: I will do that right after (multiple speakers).

DOMINIC CARUSO: -- see if they will tell you. Then you can tell me if they tell you. But, look, I think the PDUFA date is end of February, we're making great progress. I would like to point out that it is encouraging to see the FDA be much more open about approving these phenomenal therapies in a much more rapid fashion. So they said they would do that, they are holding true to that,

our relationship with them is fantastic in this regard.

And I'm proud to say that we see them pushing us even faster than we thought we would ever get pushed by the FDA, which is only good sign for patients, of course. But I think they have that as their primary focus. So I can't give you any more specifics except to say it is moving very well, consistent with what the FDA said they would do with these types of products. And I think it's going to be great news for patients and hopefully we will hear about it sooner than February, but that is all up to the FDA.

DAVID LEWIS: Okay. So we started this conversation, you gave very clear objectives to what J&J's strategic focus is today. Your new CEO, Alex, earlier in the year gave his strategic focus for the business. And in my opinion I get pharma, I total understand your pharmaceutical strategy, I actually kind of get the consumer strategy that's focused on quality, that's focused on brand. I don't get the medical device strategy. Is there a medical device strategy for J&J?

DOMINIC CARUSO: There is, David. So let me try to articulate it the way we have in the past and then ask me any other questions if it is not clear. So we made some clearly important strategic declarations with respect to medical devices.

We said that we were going to be a big player in surgery so we brought together all of our diverse surgery component businesses and put them under one management structure so we could leverage, rationalize the sales activities, leverage all the learning and go to market as a major surgical player instead of a fragmented surgical player. So that was one key strategic declaration.

We also made a declaration that we were not going to be in commodity type products regardless of the fact that we may have invented the commodity product. So in this case drug eluting stents, we decided to exit medical devices that were commodity like, we thought drug eluting stents met that criteria, so we exited that business.

And then we made a very clear declaration that orthopedics was going to be an area of importance going forward in medical devices and we are now obviously the undisputed largest orthopedics player in the industry with our acquisition of Synthes where we were missing, quite frankly, the trauma component of orthopedics. And as you know we acquired the best trauma company there is in the marketplace.

So I think those have been very clear and deliberate. I think on the broader scale where we have multiple franchises. I think our CEO has been very clear that we're going to look at our portfolio, we're going to invest behind faster growing new areas that will benefit the healthcare system.

And so we have lots of investment, for example, behind Sedasys which is a new way of providing anesthesia in a different setting, outside the hospital setting. We have investments in drug device combinations that have now proven to be efficacious and we are launching the Fibrin Pad which is a combination drug device for brisk bleeding. And then we have smaller businesses like an [ENT] business, etc., that we acquired from Acclarent.

At the same time we are making very clear portfolio choices. So we announced that we were looking for strategic options with regard to our ortho clinical

diagnostics business. We said that activity would take 12 to 24 months, we are on track with that activity. We are not going to provide any interim updates on it, but distinct portfolio choices within the remaining part of the medical device and diagnostic business after what I just said is a key focus on surgery and orthopedics.

DAVID LEWIS: Did you do the Synthes deal --.

DOMINIC CARUSO: I want to ask, do you get it now or --?

DAVID LEWIS: I'm still kind of -- I'm a little slow on the uptake, you know that. Thinking about Synthes, the integration in the first period, I think we talked to a lot of channel partners. You did a great job with integration; it was clearly this is a fantastic brand, let's not screw around with it too much.

As you come to this year I guess my concern would be as you look to harvest those cost synergies, you start seeing a depression in that Synthes growth rate. I think right now the Synthes growth rate has decelerated, my sense is maybe that is more macro than micro. Maybe talk to you about why you think Synthes' growth rate has come down. Is there risk that the growth rate comes down further as you integrate the business? Or would you expect that business to start improving care in subsequent quarters?

DOMINIC CARUSO: So I would think the best way to think about the Synthes growth rate is the trauma market where Synthes is a 40% plus share player has decelerated dramatically from what was typically a 7% growth market to a 2.5% growth market. So the business, with that size share, is operating sort of in line with the market. The integration itself has gone well, as I said. But it is challenging in one aspect and that is that we brought together two spine businesses.

So remember, we did not have a -- or we divested our trauma business, we brought in their trauma business. They did not have a recon business, a hip and knee business, so therefore not much integration there. But we both had arguably the number two and number three player in spine; depending on which one of us you asked we were number two or number three. And in fact now we have clearly the combined number two player in spine. And there are differences in the way we go to market, we have to rationalize the portfolio.

So that part of the integration is the most challenging and we have decided to preserve the relationship with the customer first to ensure that the product -- R&D portfolio is appropriately resourced and appropriately rationalized between the two businesses. And lastly, to focus on cost synergies after all that is done. So this is not an acquisition that was driven by cost synergies, though there will be some, but only in the appropriate order as I just mentioned.

DAVID LEWIS: Okay. So there are two big changes in my mind, J&J now versus J&J two years ago. One obviously is pharmaceutical. Your pharmaceutical business is fundamentally different now than it was two and three years ago, your margin profile and cash generation fundamentally different now than they were back in 2009 to 2011. So cash is up margins are up.

What are the fundamental drivers of improved margin performance in 2013? And as investors are sort of thinking about the out years providing obviously official guidance, are those drivers you are seeing in 2013 sustainable into

2014? And are there certain headwinds on spending which seem to pop up every year or two here with J&J that we should be thinking about us we head into 2014?

DOMINIC CARUSO: Right. So you are right, I'm not going to provide guidance now for 2014. However, just a couple things to keep in mind. Our pharmaceutical business is doing really well, that obviously has the highest gross margin of any of our businesses. It also is very efficient in the way it operates. Despite the increase in R&D expense versus the competitive set, its overall operating profitability is very competitive. So as that continues to grow that has had significant impact this year, we expect it will continue to have significant impact.

As you know, when we announce our guidance, when we provide guidance we give you our expectation of how we would see our pretax operating margins vary year-to-year. And we are very clear -- hopefully you will agree with us that we are very clear on what would impact those from any one year to the next. So we have been very clear on Health Care Reform, medical device tax, etc.

So over time we have had to improve in the rationalization of our expense base. We've had many standardization programs in place, they are starting to take hold. They are ramping up even more as we go into the future. And our supply chain, we have talked about this in prior meetings, is a major undertaking for us and we think there are benefits there and we are starting to see those and there is more to come with those as well.

So I think we are operating the business the way good operators operate a business with an appropriate level of investment, appropriate funding for new product launches. And then communication with our investor base as to what, if anything, they should expect with respect to our profitability with very clear description as to why those things are happening. And then obviously you will be able to think about whether those things are ongoing or just one time and incremental.

DAVID LEWIS: You have always resisted the temptation of giving long-term guidance. And I think in this healthcare environment I get it. But your pharmaceutical business is doing well and the pipeline is growing. The Synthes integration is in year two and your consumer franchise, fingers crossed, probably gets better, not worse. Are you getting more comfortable that whatever that top-line happens to be, your ability to leverage that top line, the outlook for that looks better going forward than it has been?

DOMINIC CARUSO: Are you talking about the leverage?

DAVID LEWIS: Yes. The multiplier on whatever your revenue happens to be.

DOMINIC CARUSO: Yes, well I think -- yes, I am more comfortable that it can be achieved, although I must tell you that generally speaking we are in a low growth environment. So if you are in a higher growth environment, if healthcare was growing 8% or 9% I think you should expect us to grow faster than that. And then you should expect us to, over time, grow our earnings even faster than that.

But healthcare is not growing at 8% or 9%. So with healthcare growing in quite frankly low single-digit rates we would expect to grow faster than that, we expect our earnings to grow faster than that.

The only caveat I would say is where we see the investment opportunity like the ramp up in R&D and pharma or of course the re-launch of our brands in the OTC business, the Tylenol brand, the Motrin brand, etc., we are going to invest appropriately behind those brands during those launches. And we will make that clear as we describe our guidance for 2014.

DAVID LEWIS: Okay. So a couple years back you may recall we did a big note saying J&J is going to do the biggest deal they have ever done, we just guessed wrong. You did Synthes $20 [billion], we were guessing consumer. Obviously we like the consumer business, we think it is good for J&J.

I kind of appreciate why now is not the right time or has not been the right time given the quality issues you are going through in consumer, but your emerging market position versus peers is not where we would like to see it at. It is a grant brand franchise for J&J. Why doesn't J&J get bigger in consumer and specifically bigger in emerging market consumer?

DOMINIC CARUSO: Well, we are getting bigger in consumer in terms of emerging market plays in particular we've done acquisitions in China, Russia, etc. We will probably continue to do emerging market acquisition plays because we think that is a major driver of growth for us and we do think there is an opportunity to bring our strength to the local brands that we would acquire in those markets.

I think also it is a matter of priority. The business is focused on certain things right now, let's get those things right, let's re-launch the brands, etc. And there is a matter of priority within the entire business as to which of the businesses you would invest in at any one particular time.

And it is not so much a rank order priority, it has to do with timing. It has to do with timing of when assets are available, timing of what we are involved with at the moment with respect to looking at other particular assets. But we are broadly based in human healthcare, so we are -- in our mind we think about these businesses as equal as long as the risk/return relationship is appropriately balanced. So higher risk in pharma would demand higher returns; lower risk in consumer would demand lower returns.

So we don't have a formula that creates a pie chart with a certain percentage of each business as an appropriate percentage. That is not the way we think about it. We think of the whole portfolio generating a certain return and any incremental investment in that portfolio can be at any one of the three pieces of the pie so long as the risk/return profile is appropriate.

DAVID LEWIS: Okay. And J&J in my mind is a lot of Teflon franchises. But the one I think of Teflon I think was Remicade, the thing just keeps going. And recently we saw some emergence of European competition specifically with Celltrion as it relates to biosimilars. And that label was probably broader than I think we were expecting it to be. Should investors be overly concerned about biosimilars? how do you think about the biosimilar risk heading into the US?

DOMINIC CARUSO: That is a great question. So just to put things in perspective, Remicade, as you said, is a fantastic product for us and it is our largest product. In terms of patent protection, about 80% of the European business is patent protected through 2015 and the US business is patent protected through 2018.

What we saw recently is biosimilars launched in Europe and, you're right, we were all I think a little bit surprised at the breadth of the indications that the biosimilars got. The only experience I can give you is that we have had experience with Eprex, or Procrit as it is known in the US, Eprex in Europe where in 2004 biosimilars launched. And so, leading up to today those biosimilars have achieved roughly about 10% marketshare in the major European economies and price has not declined dramatically.

So I think biosimilars are in fact a competitive threat to the business, but they are not in the same category as a generic threat to a classic chemical compound. Price reduction is usually not as dramatic. Investment that is required in order to bring those products to market is much higher. And it is not real clear that physicians will immediately switch patients off of biological therapy, especially if those patients are doing well. So it is a threat to the business but it is not as significant of a threat as a classic generic competition would be.

DAVID LEWIS: Okay. Unfortunately we are out of time here. Maybe with -- well, 30 seconds, I think we're out of time. It always goes too fast with you, Dominic. So maybe we will wrap it up there. Thanks so much for joining us, Dominic. Louise, thanks so much for being here today.

DOMINIC CARUSO: Thank you, David. Thanks, everyone.

LOAD-DATE: September 15, 2013